I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

January 14

PAGE OF 9

CAMP	AIGN CONTRIBUTIONS AND E	XPENSES REPORT			, , s	state of Nevada
Name (p		Office (if applicable)	idate	- Ac	lde	na v m strict (if applicable)
Mailing A	ddress (include city and zip code)			Telephoni	e No.	
E-Mail A	ddress					
Select A	ppropriate Box(es) CANDIDATE	PAC POLPRTY	IND EXP	NONPROFIT	CORP	
*	LEGAL DEFEN	ISE FUND AMENDED	□LOCAL BAG			
×	Annual Filing - Due January 15, Period: January 1, 2009 - December 31,	2010 2009				
	Report #1 — Due June 1, 2010* Period: Jan. 1, 2010 — May 27, 2010					
	Report #2 Due — October 26, 20' Period: May 28, 2010 — Oct. 21, 2010	10*				
	Report #3 Due — January 15, 201 Period: Oct. 22, 2010 — Dec. 31, 2010					
	Annual Filing - Due January 15, 2 Period: January 1, 2010 - Decemb	2011 er 31, 2010			FOR OFFI	CE USE ONLY
* TI	ese Reports are filed by incumber nird Report suffices for 2011 Annua	nts/candidates in the al Filing if candidate	2010 election c also filed Repo	ycle rt Nos. 1 and	2	
	CONTRIBUTIONS SUI	WMARY		This Pe	riod	Cumulative From Beginning of Report Period #1 through End of
10	ctal Monetary Contributions Received in Exc (See page 1 of instruction sheet) Cotal Monetary Contributions in the form of 18 Party. (See page 2 of instruction sheet)	ress of \$100 Cans guaranteed by a third	0 on Laws	1675.	00 1	This Reporting Period
3.	otal Monetary Contributions in the form of lo (See page 2 of instruction sheet)	ans that were forgiven				
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period			
5. T	Fotal Amount of Monetary Contributions Received Add Lines 1 through 3) (See page 2 of instructional fotal Amount of Written Commitments for Contributions (When commitment is funded, report as ontribution (monetary or in kind)) See page 2 of instruction sheet) fotal Value of In Kind Contributions Received Excess of \$100 (See page 2 of instruction sheet)	i in		3,044. -	56	
		EXPENSES SUN	IMARY			
8. To	otal Monetary Expenses Paid in Excess of \$ See page 2 of instruction sheet) Total (Y otal Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet) Tetal Amount Ali V	lenetary Expres	Sessald	3985 77 4,060	2.24	
Declare I	Inder Penalty of Perjury That the F	oregoing is T	Come			
V	i i	cregoing is true and	Correct.			
nature	wolland	h	Oate	mun	my 1.	4,2010

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CAMPAIGN CONTRIB	UTIONS	Report Period # 1
Ton Har	sh	
Name (print)	Office (if applicable)	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ND PARTY IF LOAN GUARANTEED BY 3 ND PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Peter + Hende Neumann 121m Court Reno, 89501	6-30-09	300,00			
Pamela Gallais	\$				
	7-7-09	200.00			
Barbara Vuear 4900 Plumas					
Reno 89519	8-5-09	500.00			
Jim + mary anne B384 = The Ride	9-18-09	150.00			
Mon Michalson		1.50,00			
Reno, 80509	10-7-09	125.00			
byon Kossi					
Lalada la Cagoni Orais Questa 1000 La Rue	10 23-09	200.00			
Reno, N. 88500	12-15-09	200.00			
	Take a				

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WRITTEN COMMITMENTS		Report Period #
Toni Ha	rsh	
Name (print)	Office (if applicable)	District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
	V	
	K)	
1		
		and a state of the

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CONTRI		-

Report Period

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE TH LOAN
			10			
		7	(1)			

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CAMPAIGN I	EXPENSES
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Report Period

d #

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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CAMPAIGN EXPENSES		Report Period #
Name (print)	rsh	
Name (print)	Office (if applicable)	District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Tennicer Mornington 1611 Buail Ban Cot Reno 89521	E	2-14-09	# 485.00
Toni Harsh 890 marsh Ave Reno, Nev. 89509	Loan By C. Full Debt	at of andidate	\$ 1570.00
(1)	15,473.47		# 1000.00
			\$1 1000.00
	V S		

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IN KIND
WRITTEN COMMITMENTS

Report Period #

Toni Hass
Name (print)

Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
	10/	
	1 X	
	1 1	

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Revised: Dec-09

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IN KIND CAMPAIGN EXPENSES		Report Period #	
Toni Ha	rsh		
Name (print)	Office (if applicable)	District (if applicable)	

IN KIND

Expenses in Excess of \$100
Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		EXPENSE	EXPENSE
	101		
	W		
1			
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Prescribed by Secretary of State NRS 294A 120, 294A 125, 294A 140, 294A 150, 294A 160 294A 200, 294A 210, 294A 220, 294A 352

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